

Welcome to Bridgewater Township Recreation Department! We encourage everyone to participate in our programs. We have a working relationship with the Somerset County Therapeutic Recreation Department (TR) allowing for recreation programs that can promote an active lifestyle that improves social, cognitive, emotional functioning and enhances participants' abilities. If your child has any special needs and may require a reasonable accommodation please note appropriately on the following registration form.



Gym Time

Come on out and have a blast with Tom Lembrich, one of Bridgewater's physical education teachers for over thirty-six years! This program is designed for children to develop team work and experience cooperation in a fun environment. Some popular activities will include but not limited to, parachute games, crab soccer, tag... just to name a few.

For: Bridgewater resident boys and girls in kindergarten and 1st grade (2006/07 school year).

Dates: Wednesdays, January 3, 10, 17, 24, 31, February 7, 14, 21, 2007
Make-up dates February 28 & March 7, 2007

Time: Kindergartners 6:00-7:00pm and 1st graders 7:00-8:00pm

Location: Bradley Gardens School

Cost: \$40.00 Bridgewater Residents only. Checks payable to "Bridgewater Township"



Please note that there are only twenty spaces available per session/age grouping. Due to limited space, registration is limited to one day and session per participant. Space is limited; registration is based on first come first serve at the Bridgewater Recreation Department.

Three ways to register! In person at the Bridgewater Recreation Department (Municipal Building – 700 Garretson Road) 9am to 5pm Monday to Friday, drop registration off in the "REC" mailbox located around back of Municipal Building before or after office hours, or via postal service.

Bridgewater Recreation Department P.O. Box 6300/700 Garretson Road – Bridgewater, NJ 08807 (908) 725-6373 office hours 9am to 5pm Monday to Friday www.bridgewaternj.gov

Gym Time 2007

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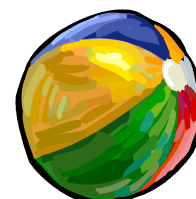
Last Name: _____ First Name: _____ Circle _____
 Mailing Address: _____ Town: _____ Zip: _____
 Home Phone #: () _____ Parent Work #: () _____
 Parent Cell #: () _____ Parent E-mail Address: _____

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations.

☐ Yes, I will need to be notified regarding special considerations for my child.

Circle Grade as of
September 2006: K or 1

Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.



Parent/Guardian Signature

Date

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